

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-475)

SERIAL NO.  
11018390

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/	/	/	/	/	/
2	/	/	/	/	/	/
3	/	/	/	/	/	/
4	/	/	/	/	/	/
5	/	/	/	/	/	/
6	3	3	3	3	/	/
7	3	3	3	3	/	/
8	/	/	/	/	/	/
9	/	/	/	/	/	/
10	/	/	/	/	/	/
11	/	/	/	/	/	/
12	/	/	/	/	/	/
13	/	/	/	/	/	/
14	/	/	/	/	/	/
15	2	2	2	2	/	/
16	1	1	1	1	/	/
17	4	4	4	4	/	/
18	4	4	4	4	/	/
19	4	4	4	4	/	/
20	4	4	4	4	/	/
21	4	4	4	4	/	/
22					/	/
23					/	/
24					/	/
25					/	/
26					/	/
27					/	/
28	1	1	1	1	/	/
29					/	/
30					/	/
31					/	/
32					/	/
33					/	/
34					/	/
35					/	/
36					/	/
37					/	/
38					/	/
39					/	/
40					/	/
41					/	/
42					/	/
43					/	/
44					/	/
45					/	/
46					/	/
47					/	/
48					/	/
49					/	/
50					/	/
TOTAL IND.					5	
TOTAL DER.					15	
TOTAL CLAIMS	50	50	50	50	50	50

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS